## **Commission on VASAP**

## CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Probationer 1	Name:		SSN:	
	Your na	me written above	<u> </u>	Your SS# written above
I authorize	FAIRFAX ASA Program making di		_to disclose information to / obtain information from the following:	
1	NAME AND ADDRESS,	, TEL# AND FAX# OF	F TX PROVIDER OR ATTORNEY YOU WA	NT US TO SPEAK TO
The following information:		DEFENDANT EVALUATION, PARTICIPATION, NON-COMPLIANCE. INCLUDES DRUG OR ALCOHOL RELATED INFORMATION.		
Purpose of the disclosure is:		EVALUATION, CLASSIFICATION, REFERRAL, PROBATION SUPERVISION & CASE MANAGEMENT.		
	hat if I am referred to the my consent for the		he courts, information concerning m be revoked.	y participation will be reported
without my w		s otherwise provide	r Federal Confidentiality Regulation ed for in the Regulations. I also unde	
Date, Event, o	or Condition upon w	hich this consent w	vill expire:	
ONE YEAR I	FOLLOWING COM	<u>IPLETION OF CO</u>	OURT, OR REFERRING AGENCY	S REQUIREMENTS.
Executed this	Day you sign	day of	month you sign	year you sign
This consent i	ncludes information	placed in my reco	ords after the above date.	
A copy of this	s consent is as valid	as the original.		
Date:	same as abov	ve	you sign h	ere
	Witness			
Date Revoked:			-	
Participant's Sign	ature:			
Parent/Guardian,	where required:			_
Witness:				

PROHIBITION ON RE-DISCLOSURE: This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.